

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Evaluation of district health management fellowship training program: A case study in Iran
AUTHORS	gholipour, kamal Tabrizi, Jafar-Sadegh farahbakhsh, mostafa lezadi, Shabnam Ghiasi, Akbar Jahanbin , Hasan

VERSION 1 – REVIEW

REVIEWER	Azad Shokri Ministry of health, Iran
REVIEW RETURNED	23-Nov-2017

GENERAL COMMENTS	Thank you very much for your ever favor.I read this article again and explanation of the authors.I accept these details but i have new recommendation for them. In conclusion of the abstract, the authors should differentiate new approaches with other approaches for managers' educational need assessment that is better added to conclusion of abstract and the paper. With Best Regards
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REVIEWER	Prashanth N S Institute of Public Health Bangalore, India
REVIEW RETURNED	16-Dec-2017

GENERAL COMMENTS	BMJ Open DHM fellowship paper SECOND ROUND Thank you for the opportunity to review the revised version of the manuscript. Several portions of the manuscript have been revised, but major concerns remain. The study is a straight-forward pre-post study of a fellowship training for district health managers in Iran. However, this is not specified clearly either in the Abstract under the Study design section nor in the manuscript. The objective of the study and its methodology do not leave scope for results beyond the fellowship programme. Major comments 1. Problems with the abstract 1. The study design section describes the overall study rather than clearly identify the design of the study.
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	<p>2. The conclusion presented in the abstract needs careful revision. I am not sure if the problem is with the language or in making valid inferences from the analysis. For eg. one of the conclusions mentions "...acceptable and satisfactory rate of training courses". Rate usually refers to a measurement with respect to time. I am not sure that was something measured in the study. Conclusions of the study need to summarise specific and valid results from the data analysis. Currently, the conclusions presented are ambiguous.</p> <p>2. Data collection instrument: Noted the revisions made. I am not sure if the instrument is included as the supplementary file. It is useful to include this if possible.</p> <p>3. From the author's description of the "Data collection and instrument", it appears that they have not reverse coded some of the statements on the scale (see p.8, lines 12-13). Since the instrument is also not provided, it is difficult to assess this.</p> <p>4. The scales range from 0-20, to 4 point to 3 point scales. Useful to understand/describe the reasons for choosing different scales in the same instrument. Could this not be a source of confusion to the respondent?</p> <p>5. Pre- and post-test instruments are not described. What kind of questions were these and how were the scores assessed. For eg. in Figure 1, is the percentage plotted for pre- and post-test the average scores of all participants?</p> <p>6. In the Discussion, there still appear many assertions that are not substantiated by the data analysis. For eg. "We found that the syllabus and teaching methods in this training program had the high and positive effects on improving district health managers' knowledge of managing the district, research in health system and human resources and creativity". I am not sure that such causal attribution may be made to the training programme based on the data presented. I would suggest to carefully and critically read and modify the Discussion section accordingly. Also, the "Application" component of the Kirkpatrick framework was not really tested. What is tested is the "perception of respondents to apply the lessons". This needs to be clarified.</p>
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VERSION 1 – AUTHOR RESPONSE

Jan 8, 2018

Dear Editor,

Re: Manuscript titled "Evaluation of district health management fellowship training program: A case study in Iran"

Please find attached a revised version of the manuscript ID "bmjopen-2017-020603" which we would like to resubmit for publication as an original in BMJ Open.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages our point-by-point responses are presented to each comment of the reviewers as well as your own comments.

In accordance with reviewer's suggestion we corrected all technical and methodological mistakes in article body. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in BMJ Open.

We shall look forward to hearing from you at your earliest convenience.

1- Reviewer #2:

NB Reviewer's comments Response to comments Location of change in manuscript

2. Problems with the abstract

1_a The study design section describes the overall study rather than clearly identify the design of the study. This study is an educational evaluation study. This part corrected in abstract.

1_b The conclusion presented in the abstract needs careful revision. I am not sure if the problem is with the language or in making valid inferences from the analysis. For eg. one of the conclusions mentions "...acceptable and satisfactory rate of training courses". Rate usually refers to a measurement with respect to time. I am not sure that was something measured in the study.

Conclusions of the study need to summarise specific and valid results from the data analysis.

Currently, the conclusions presented are ambiguous. For more clarification conclusion section in abstract was changed.

2 Data collection instrument: Noted the revisions made. I am not sure if the instrument is included as the supplementary file. It is useful to include this if possible. For more clarification study questionnaire and instrument attached as supplement.

3 From the author's description of the "Data collection and instrument", it appears that they have not reversed coded some of the statements on the scale (see p.8, lines 12-13). Since the instrument is also not provided, it is difficult to assess this. "There was too much emphasis on theory" and "My boss did not value this course" reversed coded in final analysis. So for more clarification study questionnaire and instrument attached as supplement.

4 The scales range from 0-20, to 4 point to 3 point scales. Useful to understand/describe the reasons for choosing different scales in the same instrument. Could this not be a source of confusion to the respondent? These questionnaires were presented to participant in different time. Also for more clarification we add this sentence to method section "These questionnaires were presented to participants at the beginning of first course of training program."

5 Pre- and post-test instruments are not described. What kind of questions were these and how were the scores assessed. For eg. in Figure 1, is the percentage plotted for pre- and post-test the average scores of all participants? for more clarification we add this sentence to method section "At the beginning of each course, course directors develop an exam sheet based on contents. Also, to avoid misunderstanding only matching, restricted response and multiple choice questions were prepared."

6 In the Discussion, there still appear many assertions that are not substantiated by the data analysis. For eg. "We found that the syllabus and teaching methods in this training program had the high and positive effects on improving district health managers' knowledge of managing the district, research in health system and human resources and creativity". I am not sure that such causal attribution may be made to the training programme based on the data presented. I would suggest to carefully and critically read and modify the Discussion section accordingly. Also, the "Application" component of the Kirkpatrick framework was not really tested. What is tested is the "perception of respondents to apply the lessons". This needs to be clarified. Based on reviewer comments we changed "Application" component of the Kirkpatrick framework in our study as "perception of respondents to apply the lessons".

Also for avoid misunderstanding we insert this section "Whereas these findings emerged based on participants self-assessment and do not be tested in real setting and in the implementation phase and so it's not possible to conclude definitively and practically, however, it can be used as an initial indicator of the effect of educational program in the real setting."